



## Colostomy Irrigation

### What Is Irrigation?

Colostomy irrigation involves introducing a measured amount of water into the stoma in order to wash out the bowel contents in the lower part of the bowel and allows the colostomist to be free from any output for a period of time (usually between 24 & 48 hours) and therefore can be an alternative to wearing a pouch. This process can be carried out in the home once teaching from the Stoma Care Nurse has taken place.

### Pros and Cons of Irrigation

#### Pros

- \* Control is achieved over bowel function
- \* Wind and odour are reduced
- \* This can lead to being able to have a more varied diet
- \* No worry of where to change the pouch when out and less to carry around
- \* Helps reduce problems with leakage and sore skin
- \* Only a small appliance (stoma cap) is required to cover the stoma. This has a great advantage when doing physical activities.



#### Cons

- \* Irrigation can take up to an hour to perform and it needs to be on a regular basis (sometimes everyday, usually every other day at the same time)
- \* Occasionally some people experience leakage in between irrigating
- \* This would need to continue even when on holiday
- \* Some people find it an unnatural process

### Who Can Irrigate?

A colostomist should be assessed for suitability by the Stoma Care Nurse and the surgeon or GP's opinion should be sought.

Colostomists who are suitable are those who;

- \* Have the motivation and the time
- \* Have a fairly regular and thick output



### Can all Colostomists Irrigate?

Each colostomist should be individually assessed for their suitability to irrigate.

Colostomists who have a history of the following should not irrigate

- \* Renal or cardiac problems
- \* Inflammatory bowel disease, diverticular or Chrons disease
- \* Parastomal hernia, prolapse, stenosis

Colostomists who would not be so suitable for irrigation are;

- \* Those who are unable to keep a regular time slot for it
- \* Those receiving chemotherapy or radiotherapy
- \* People with physical problems such as poor eye sight or poor manual dexterity
- \* People who have a more liquid output

## How Soon Can Irrigation Commence?

It is possible to commence irrigation soon after the colostomy has been formed. However a lot of Stoma Care Nurses would advocate waiting for two or three months to allow everything to heal and to help the bowel to settle into a more regular pattern. This also allows the colostomist to have a bit of time to come to terms with having a stoma and recover from the operation.

## What Preparation is needed for Irrigation?

An approval from the surgeon or GP

Teaching time from the Stoma Care Nurse

Identifying a time and place appropriate for irrigation

A hook to hang the water reservoir so that it is at shoulder height

Obtaining the equipment ( often via the Stoma Care Nurse initially)

Equipment list:

Water reservoir

Tubing with flow control

A cone (designed to fit easily into your stoma but allow a good seal around the stoma)

Lubricating jelly

Disposable irrigation sleeve (Plus belt and flange if required)

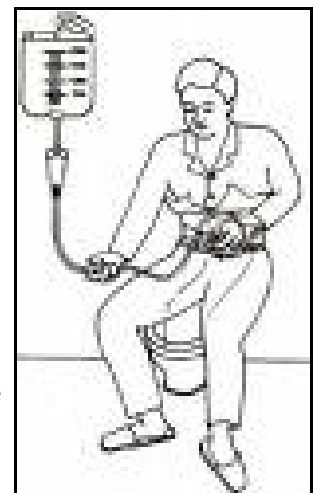
Disposal bag + toilet paper

New appliance



## Procedure

- 1) Connect the reservoir, tubing and cone together. Make sure the flow control is off.
- 2) Fill the reservoir with tepid tap water (approx 500ml—750mls is a good starting point) and then hang it on the hook. Expel the air in the tubing by opening the flow control and allowing the water to flow through then turn it off.
- 3) Fit the irrigation sleeve over the stoma and sit on the toilet so that the sleeve can hang down into the toilet.
- 4) Lubricate the cone and via the top of the sleeve, insert it gently into the stoma following the direction of the bowel. Your stoma care nurse will help you with this.
- 5) Open the flow control slowly. The water should run into the bowel over about 15 minutes. If it becomes uncomfortably (eg cramps in the abdomen or feeling sick) then stop flow until this has stopped and then recommence more slowly. With experience the colostomist will know how much water they need and how quickly they can allow it to flow.
- 6) Once all the water has run in the cone needs to be removed. The top of the sleeve should be folded over. There may be an initial rush of fluid out of the stoma but it may take up to 30 minutes for all the fluid to return.
- 7) Wait about 5 minutes after everything has appeared to make sure that is it! Remove the sleeve and wash and dry around the stoma. Apply a stoma cap if wanted. Dispose the sleeve and wash the cone in warm soapy water.



## How Often Should Irrigation Take Place?

Initially once every 24 hours whilst also wearing a pouch. While the bowel settles into this routine there may be some breakthrough output. Once there is no such breakthrough the time can be lengthened. Most colostomists irrigate once every 48 hours but some manage 72hours.

## Hints and Tips and Problem Solving!

### \* Abdominal cramps -

Water may be too cold

Water may be instilled too fast

Air may have been instilled

Stop irrigating until the cramps subside. Massaging the abdomen and deep breathing may help.

### \* Difficulty inserting the cone –

May be due to anxiety. Relaxation such as breathing exercises may help.

Insert cone a little way, wait and then insert a little further

Talk to your stoma care nurse



### \* Difficulty inserting the irrigation fluid -

Hard stool may block the cone. Remove cone, clean and reposition

May be incorrectly positioned, try moving slightly

Try gently moving cone around while irrigating so it doesn't rest on bowel mucosa

### \* No Fluid returning -

May be because of feeling tense. Deep breathing, abdominal massage or gentle activity may help

Being dehydrated may mean that the bowel has absorbed the water. An appliance needs to be worn until the next irrigation and plenty of oral fluid should be taken

### \* Faeces returning between irrigation -

Insufficient time may have been allowed for the irrigation process

The volume of fluid used may be too great

Review the times between irrigation, perhaps needed more frequently or regularly



It may help pass the time to have reading material or the radio in the room

A normal diet can be had by a colostomist

Use bottled water for irrigating if the local water is unsafe to drink (particularly when travelling)

Keep a small supply of appliances in case of an episode of diarrhoea. Irrigation should be stopped until the diarrhoea stops

For further information please either contact your stoma care nurse, the Colostomy Association (0800 328 4257) or Oakmed (0800 592786)